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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/444,790	05/19/1995	MANFRED BROCKHAUS	9189	5612
37500	7590	09/29/2010	EXAMINER	
AMGEN INC. LAW DEPARTMENT 1201 AMGEN COURT WEST SEATTLE, WA 98119			HOWARD, ZACHARY C	
			ART UNIT	PAPER NUMBER
			1646	
			MAIL DATE	DELIVERY MODE
			09/29/2010	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



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Board of Patent Appeals and Interferences

AMGEN INC.	Appeal No:	2009-014889
LAW DEPARTMENT	Appellant:	MANFRED BROCKHAUS, ZLATKO DEMBIC,
1201 AMGEN COURT WEST	Application No:	REINER GENTZ, WE RNER LESSLAUER,
SEATTLE, WA 98119	Hearing Room:	HANSRUEDI LOTSCHER, ERNST-JURGEN S et al.
	Hearing Docket:	08/444,790
	Hearing Date:	B
	Hearing Time:	A
	Location:	Tuesday, November 02, 2010 09:00 AM Madison Building - East Wing 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: HEARING ATTENDANCE CONFIRMED HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: _____

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